## PART B - FEE(S) TRANSMITTAL

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indicated unless correct maintenance fee notifica	ed below or directed of tions.	icrwise	in Block 1, by (a	a) specifying a new co	orrespo	ondence address;	and/or	(b) indicating a sepa	rate "FEE ADDRESS" fo	
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Customer :		(Depositor's name								
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/730,881	12/09/2003			Masaaki Oka			SCEP 20.778 4767			
TITLE OF INVENTION EDITED IMAGES	N: METHOD AND AP.	PARAT	US FOR EDITIN	IG IMAGES, AND M	иетно	OD AND APPA	RATUS	PPSR REPRODUC	ING THE	
APPLN, TYPE	SMALL ENTITY	SMALL ENTITY ISSU		PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1510		\$300	\$0			\$1810	01/18/2011	
EXAMINER			ART UNIT	CLASS-SUBCLASS	is					
WENDMAGEGN, GIRUMSEW 2621			2621	386-278000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address for Change of Correspondence Address for MFD/OSD/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/OSD/42, ke 0-3-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the pattern front page, list (1) the names of up to 3 registered pattern attorneys or agents OR, alternatively, (2) the name of a single firm (having as a mempher a registered storcarey or agend) and the names of up to listed, to cales will be printed.						
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Com	TO Bi	E PRINTED ON T dow, no assignee of this form is NO		ne pate an as	ent. If an assign ssignment. and STATE OR C			ocument has been filed fo	
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):	O is	ndividual 🖾 Co	orporatio	on or other private gro	oup entity 🗖 Governmen	
4a. The following fee(s) are submitted:  21 Issue Fee  22 Insue Fee  32 Publication Fee (No small entity discount permitted)  3 Advance Order - # of Copies				b. Psyment of Fee(i): (Please lirst reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Psyment by residul card, Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5 D = 12 90 (enclose an extra copy of this form).						
	s SMALL ENTITY state	s. See	37 CFR 1.27.	☐ b. Applicant is no	longe	er claiming SMAI	LL ENI	TTY status. See 37 C	FR 1.27(g)(2).	
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